

## **SUPPLEMENTAL REBATE BID SUBMISSION PROCESS**

**General Information:** Supplemental rebate offers must be submitted to Kansas Medical Assistance Program (KMAP) by the close of business on the fifteenth working day after the Preferred Drug List (PDL) Advisory Committee Meeting date. KMAP will not accept offers after the fifteenth working day deadline. The net cost of drugs will be determined and the recommendations will be announced.

Schedule A is the “Supplemental Rebate Bid” form and will need to be completed and attached to the contract. All accepted contracts will guarantee that prior authorization will not be required for the term of the contract. If a non-preferred drug(s) becomes less costly than the preferred drug(s), that drug(s) may be moved to the preferred list.

### **Step 1: Provide manufacturer contact information required:**

1. Manufacturer name
2. Labeler code(s)
3. Contact Name and title
4. Mailing address for contact
5. Telephone, fax, cell phone and voice mail numbers
6. E-mail address

Information must be submitted electronically to [mho@srskansas.org](mailto:mho@srskansas.org). In the subject line of the e-mail, please write “Supplemental Rebate Contact Information”.

### **Step 2: KMAP will notify manufacturer where to obtain “Supplement Rebate Bid” form.**

### **Step 3: Manufacturer will submit “Supplemental Rebate Bid” form (Schedule A):**

#### **Bid Information Required:**

1. 11-digit NDC number
2. Product name, strength and dosage form
3. Pricing reference (AWP)
4. Ingredient reimbursement per unit as outlined on Schedule A
5. CMS basic rebate per unit and CPI, when appropriate, as outlined on Schedule A
6. Supplemental rebate per unit as outlined on Schedule A
7. Fixed net cost to State per unit

### **Step 4: KMAP will notify manufacturer of acceptance or rejection after the net costs have been calculated by KMAP.**

### **Step 5: KMAP will send CMS-approved contract template for review and signature by manufacturer.**